

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 03/04/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185049	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED C 02/18/2011
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NAME OF PROVIDER OR SUPPLIER

AUBURN HEALTH CARE

STREET ADDRESS, CITY, STATE, ZIP CODE

139 PEARL ST., PO BOX 9
AUBURN, KY 42206

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000 INITIAL COMMENTS

Abbreviated surveys (KY#15417 & KY#15118) were conducted on 02/16/11-02/18/11. No regulatory violations were cited related to the allegations. A deficiency was cited unrelated to the allegation.

F 226 483.13(c) DEVELOP/IMPLMENT
SS=D ABUSE/NEGLECT, ETC POLICIES

The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.

This REQUIREMENT is not met as evidenced by:
Based on record review and staff interviews it was determined the facility failed to implement their policy and procedure regarding the reporting of injuries of unknown origin to the appropriate state agency for one resident (#3) in the selected sample of five. On 01/21/11, Resident #3 was found to have a bruise on the left hand, the fourth finger was swollen and the knuckle was red. An x-ray was obtained and it was determined Resident #3 had a fracture at the base of the phalanx of the fourth finger. Findings include:

A review of the facility's Abuse policy and procedure, dated 08/10/10, revealed an injury should be classified as an "unknown source" when both of the following conditions are met: (1) The source of the injury was not observed by any person or source could not be explained by the resident. (2) The injury is suspicious because of the extent of the injury or the location of the injury or the number of injuries observed at one particular point in time or the incidence of injuries

F 000

F 226

1.) The corrective action taken for those found to have been affected by the deficient practice was: Per facility Abuse Policy, the required agencies were notified of an injury of unknown origin 2/17/11.

2.) The corrective action taken to identify other residents being affected by the same deficient practice was: The DON completed an audit of all "Unusual Occurrence" reports received in the past three months involving current residents to ensure compliance with reporting requirements.

3.) The measures put into place to ensure the deficient practice does not recur were:

--Staff were in-serviced 2/17/11-2/19/11 on the facility's Abuse Policy with special emphasis on immediately reporting potential injuries to the Charge Nurse.

--The Administrator, DON and ADON were in-serviced 2/17/11 on the Abuse Policy with special emphasis on determining and reporting incidents of unknown origin.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Stephanie Service, LHA

TITLE

Administrator

(X6) DATE

3-11-11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 226	<p>Continued From page 1</p> <p>over time. Staff identifying an injury of unknown origin will report it to the charge nurse or supervisor. They will report it to the Administrator or designee. The Administrator or designee will report to the Adult Protective Services and Office of Inspector General as appropriate.</p> <p>A record review revealed Resident #3 was admitted to the facility on 09/12/07 with diagnoses to include Mild Mental Retardation, Cerebral Vascular Disease Left Hemiparesis, Hypertension and Hyperlipidemia.</p> <p>A review of the Nurse's Notes, dated 01/21/11 at 4:25 AM, and interview with Licensed Practical Nurse (LPN) #2 on 02/18/11 at 1:50 PM revealed CNA #8 observed bruising on Resident #3's left hand while providing care. CNA #8 reported it to LPN #2. LPN #2 assessed Resident #3's left hand and observed the fourth finger was swollen and the knuckle area was red. A fax was sent to the physician requesting an x-ray and an incident report was filled out and placed in the Director of Nursing's (DON) box.</p> <p>A review of Nurse's Notes, dated 01/24/11 at 10:00 AM, revealed a late entry dated 01/21/11 at 6:30 AM, which revealed Resident #3 had a fracture to the base of the phalanx of the left fourth finger.</p> <p>Observation of Resident #3 on 02/18/11 at 1:20 PM revealed the resident was in bed asleep. A wheelchair was beside the bed with a cushioned arm tray on the left armrest.</p> <p>Interview with the DON and Administrator on 02/18/11 at 3:30 PM revealed they did not report the injury of unknown origin because they felt they</p>	F 226	<p>---Charge nurses were in-serviced 3/7/11 & 3/8/11 on immediately reporting all injuries of unknown origin to the Administrator.</p> <p>---The Administrator will review all Unusual Occurrence reports during the morning Department Head meeting to ensure the deficient practice does not recur.</p> <p>---The Administrator will report injuries of unknown origin to the required agencies and then, initiate the investigation to determine the probable cause.</p> <p>4.) The facility plans to monitor its performance to ensure the solution is sustained by: The Administrator and Social Service Director will complete CQI form titled: "Reporting Resident Incidents" weekly for 4 weeks, then quarterly.</p> <p>Completion Date 3/11/11</p>		

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F 226	Continued From page 2 had determined how the fracture had occurred. They stated the resident's left hand rested on a special arm rest on the resident's wheelchair. The arm rest was at the same height as the edge of the dining room tables. They stated they determined the injury happened either by staff bumping the resident's hand into the table or the resident pulling the wheelchair forward with his/her good hand and banging his/her hand into the edge of the table. They stated they did not realize they had to report an injury if the injury was suspicious and the resident could not tell them what happened or someone had not seen how the injury occurred.	F 226			